

**Questionnaire 21-006 Service Activities in Iowa  
for a Corporation, Partnership or LLC****Enter the reference number from our letter here: \_\_\_\_\_****It is important that you sign the last page of the questionnaire.***Please provide a detailed explanation when requested. If more room is needed, attach a separate page.***Questionnaire 21-006: Service Activities In Iowa For a Corporation, Partnership or LLC**

If you have any questions, contact the person listed in the cover letter between 8:00 AM to 4:30 PM (Central Time zone).

1. Exact corporation, business or trade name and address of principal office if different from above: \_\_\_\_\_
2. Date of Original Formation: (Mo/Yr) \_\_\_\_\_ State of Incorporation \_\_\_\_\_
3. Taxpayer Identification Number (TIN) also known as the Federal Employer Identification Number (FEIN) from your Federal Income Tax return. \_\_\_\_\_
4. Business Activity Code, NAICS, from your Federal Income Tax return. It can be found in "Additional Information" area of the return by Schedule J (Tax Computation).
5. Have you ever had an election as an S Corp.? Yes \_\_\_\_ No \_\_\_\_ If YES, for what periods? \_\_\_\_\_

6. If you have ever filed returns with this Department, please complete the following:

	Yes/ No	Periods	TIN/Permit #
Corporation Income Tax?	_____	_____	_____
Sales/Use Tax?	_____	_____	_____
Withholding Tax?	_____	_____	_____
Motor Fuel Tax?	_____	_____	_____

7. If an affiliated company does or did file an Iowa return, please complete the following:

	Yes/No	Periods	TIN/Permit #
Corporation Income Tax?	_____	_____	_____
Sales/Use Tax?	_____	_____	_____
Withholding Tax?	_____	_____	_____
Motor Fuel Tax?	_____	_____	_____

8. If you are included in a consolidated Federal return, please provide the name, address and FEIN or TIN used on that return:

9. Describe your business in detail (including copies of all sales brochures and other documents pertaining to your products made available to your customers):

10. Enter name and Iowa mailing address for 5 largest customers located in Iowa:

(If you have no customers indicate this by stating "no Iowa customers")

Name line 1 / Address line 2		Please Select One		
		End User	Reseller	Other
a. 1.	_____	_____	_____	_____
2.	_____			
b. 1.	_____	_____	_____	_____
2.	_____			
c. 1.	_____	_____	_____	_____
2.	_____			
d. 1.	_____	_____	_____	_____
2.	_____			
e. 1.	_____	_____	_____	_____
2.	_____			

11. Enter the requested information for the preceding three years for which tax information is available.

MM/DD/YY	IA Receipts	Total Receipts	Net Federal Taxable Income Before Net Operating Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give detailed answers to all remaining questions. If needed, attach additional explanation sheets. If a document answers the question, submit the document.

Answers will apply to each tax period indicated on page one. Employees who are most familiar with activities described by each question should complete this questionnaire. **It is important that all people helping to answer this questionnaire are listed in question 19.**

12. Does your company solicit sales by (please select Yes or No for all that apply):

	Yes	No
a. Company employee(s) traveling in Iowa on company business?	_____	_____
b. Telephone or telemarketing?	_____	_____
c. Mail order (catalog or publications)?	_____	_____
d. Participating in Iowa trade shows?	_____	_____
e. Independent representative(s)?	_____	_____
f. Independent dealer(s)?	_____	_____
g. Independent contractor(s)?	_____	_____
h. Other	_____	_____

If yes to items e - h, complete the following and provide a copy of any hiring agreements:

Name & Mailing Address \_\_\_\_\_  
 Or Company (for e,f,g,h) \_\_\_\_\_  
 Type of the soliciting individuals \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Date Ended \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_  
 Or Company (for e,f,g,h) \_\_\_\_\_  
 Type of the soliciting individuals \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Date Ended \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_  
 Or Company (for e,f,g,h) \_\_\_\_\_  
 Type of the soliciting individuals \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Date Ended \_\_\_\_\_

13. Did the company have an office, agency, warehouse, or any other place of business in Iowa? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide dates and addresses:

14. Did the company own or retain title to tangible personal property or real property located or used in Iowa other than employee vehicles? \_\_\_ Yes \_\_\_ No

Year	Property Type & Location	Owned / Rented
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Does the company have any franchises or licensing agreements or receive payments for the use of trademarks or trade names in Iowa? \_\_\_ Yes \_\_\_ No

**If yes, please provide a copy of the agreements.**

16. Does the company pay for the use of trade names or trade marks used in its Iowa business? \_\_\_ Yes \_\_\_ No

**If yes, please provide a copy of the agreements.**

“Employees” means all people entering Iowa on company business regardless of domicile or office location.  
**If no employees travel in Iowa, go to question 19.**

17. For all present and former employees who have entered Iowa, please complete the following (**include copies of the employees’ job descriptions and that of his/her immediate supervisor**):

Name, Title line 1 /Address line 2	Home Phone	Division/Subsidiary	Date Hired	Date Ended
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

18. While present in Iowa, what activities have company employees performed? Please explain any activity, including how often this activity occurred.

19. Please provide the names, addresses, titles and telephone numbers of all employees who helped complete this questionnaire or provided information for the questionnaire.

I declare that the information furnished in response to this questionnaire is to the best of my knowledge and belief, true, correct, and complete:

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Date

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Signature of Corporate Officer, Partner or Owner

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Title of Corporate Officer, Partner or Owner

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Preparer's Name (print or type)

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Preparer's Title (print or type)

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Preparer's Signature

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Preparer's Phone Number

**Mail the completed questionnaire to:**

Iowa Department of Revenue  
Examination Section/Compliance Division  
PO Box 10456  
Des Moines, IA 50306-0456